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FEC FORM 2

STATEMENT OF CANDIDACY

	ne of Candidate (in full)									
	. Susan Brooks ress (number and street)	□ Chaala	if adduses a	لممسمط		O Condidata's FFC I	dantification N	م مامسال		
	06 Birkenhead Street					Candidate's FEC Identification Number H2IN05082				
(c) City,	State, and ZIP Code					3. Is This	New		Amended	
Car	rmel		IN	46032	2-8387	Statement	(N) OR	×	(A)	
4. Party Af	filiation	5. Office Sought			6. State & Dist	rict of Candidate				
REPUE	BLICAN PARTY	House			IN	05				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)									
	This designation should be	filed with the approp	riate office li	sted in th	e instructions.					
` ,	e of Committee (in full)	_								
Fri	iends of Susan Bı	ooks								
(b) Addr	ress (number and street)									
_	25 N Meridian St									
# 2										
(c) City,	State, and ZIP Code									
Ind	dianapolis				IN	46260-1308				
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
•	-	ned committee, whic				,	expend funds	on beha	alf of my	
candida	-		ch is NOT m	y principa	ıl campaign cor	,	expend funds	on beha	alf of my	
candida NOTE: 1	су.	filed with the principa	ch is NOT m	y principa	al campaign cor	,	expend funds	on beha	alf of my	
candida NOTE: 7 (a) Nam Br (b) Addr	cy. This designation should be to get of Committee (in full)	filed with the principa	ch is NOT m	y principa	al campaign cor	,	expend funds	on beha	alf of my	
candida NOTE: 1 (a) Nam Br (b) Addr 470:	cy. This designation should be to be of Committee (in full) cooks-Walorski Journess (number and street)	filed with the principa	ch is NOT m	y principa	al campaign cor	,	expend funds	on beha	alf of my	
candida NOTE: (a) Nam Br (b) Addr 470: (c) City,	cy. This designation should be to the of Committee (in full) TOOKS-Walorski Journess (number and street) Woodway Lane NW	filed with the principa	ch is NOT m	y principa	al campaign cor	,	expend funds	on beha	alf of my	
candida NOTE: (a) Nam Br (b) Addr 470: (c) City,	rooks-Walorski Jo ress (number and street) 3 Woodway Lane NW State, and ZIP Code	filed with the principa	ch is NOT m	y principa	e.	nmittee, to receive and	expend funds	on beha	alf of my	
candida NOTE: 1 (a) Nam Br (b) Addr 4700 (c) City, Wa	rov. This designation should be to the of Committee (in full) TOOKS-Walorski Journel (in full)	illed with the principa	al campaign	y principa committe	ee. DC	nmittee, to receive and			alf of my	
candida NOTE: 1 (a) Nam Br (b) Addr 4700 (c) City, Wa	cy. This designation should be to the of Committee (in full) TOOKS-Walorski Journess (number and street) Woodway Lane NW State, and ZIP Code ashington	illed with the principa	al campaign	y principa committe	ee. DC	nmittee, to receive and			alf of my	
candida NOTE: 1 (a) Nam Br (b) Addr 4700 (c) City, Wa	cy. This designation should be to the of Committee (in full) TOOKS-Walorski Journess (number and street) Woodway Lane NW State, and ZIP Code ashington I certify that I have example of Candidate	illed with the principa	al campaign	y principal committee	ee. DC	20016-3240			alf of my	
candida NOTE: (a) Nam Br (b) Addr 470: (c) City, Wa Signature Mrs. Susan	cy. This designation should be to the of Committee (in full) TOOKS-Walorski Journess (number and street) Woodway Lane NW State, and ZIP Code ashington I certify that I have example of Candidate	int Fundraisi	ng Com	y principal committee	DC my knowledge a	20016-3240 and belief it is true, correction Date 04/25/2016	ect and compl	ete.		
candida NOTE: (a) Nam Br (b) Addr 470: (c) City, Wa Signature Mrs. Susan	This designation should be to the of Committee (in full) FOOKS-Walorski Journel (in full) FOOKS-Walorski J	int Fundraisi	ng Com	y principal committee	DC my knowledge a	20016-3240 and belief it is true, correction Date 04/25/2016	ect and compl	ete.		

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2A Transaction ID :

Form/Schedule: Transaction ID:

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 3 /
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds or	behalf of my
NOTE:This designation should be filed with	th the principal campaign committee.	
(a) Name of Committee (in full)		_
Messer-Brooks Joint Fun	ndraising Committee	
(b) Address (number and street) 4703 Woodway Ln NW		
(c) City, State and ZIP Code		
Washington	DC 20016-3240	
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE:This designation should be filed wi	ith the principal campaign committee.	
(a) Name of Committee (in full)		
Longhorn Innovation 201	6	
(b) Address (number and street) PO Box 2485		
(c) City, State and ZIP Code		
Springfield	VA 22152-0485	
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE:This designation should be filed wi	ith the principal campaign committee.	
(a) Name of Committee (in full)		
Team Telluride		
(b) Address (number and street) 824 S Milledge Ave Auite 101		
(c) City, State and ZIP Code		
Athens	GA 30605-1332	

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Brooks-Bucshon Joint Fundraising Committee

- (b) Address (number and street) 4703 Woodway Ln NW
- (c) City, State and ZIP Code

Washington

DC

20016-3240

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

- (a) Name of Committee (in full)
- (b) Address (number and street)
- (c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

- (a) Name of Committee (in full)
- (b) Address (number and street)
- (c) City, State and ZIP Code